UNITED STATES DISTRICT COURT

OF NORTHERN ILLINOIS, EASTERN DIVISION

The Pampered Pet Veterinary Service)
As Dr Frances Endencia, DVM &)
on behalf of others similarly situated) Class Action Complaint
Petitioner)
Vs)
American Psychiatric Association, a)
Dr Stafford Henry as Representative)
IDFPR)
Defendants)

1:19-cv-03161
Judge Sara L. Ellis
Magistrate Judge Jeffrey Cole

Complaint

The Pampered Pet Veterinary Service experienced cumulative break ins and theft during the times the ADT Security System was turned on, from 1999 thru 2007. She lost about $35k - $45k in inventory theft. In March 2005, a break in occurred and she contacted Streamwood Police for a police report. At Streamwood Police Department's recommendation, IDFPR required Dr Endencia to undergo a psychiatric evaluation for her complaint of break ins at her business, The Pampered Pet Veterinary Service, she filed with Streamwood Police Department. Rush Behavioral Health, led by Dr

Stafford Henry, medicalized the complaint. How can a police report turn into a psychiatric condition?

In veterinary medicine and other disciplines of medicine, the practice of psychiatry is medical malpractice.

Introduction

1. Dr Frances Endencia, DVM will focus on the diagnostic procedures of Psychiatry. The American Psychiatric Association (referred to as APA in this complaint) created a standardized diagnostic process utilizing word / picture games and medicalization of complaint. These procedures are not disclosed to the public for the past centuries.

Venue & Jurisdiction

2. This court has jurisdiction over the subject matter of this complaint in pursuant to FRCP 23 A and B(2)

3. Question of Fact. In pursuant to Federal Rules of Evidence 702, are the diagnostic procedures and medicalization of complaint by psychiatrists acceptable as factual & scientific ?

4. The venue of this judicial district is proper in pursuant to 28 U.S.C. §1391(a) , as set forth below, defendant conducts his business occurred in Streamwood IL

Parties

5. The plaintiff is Dr Frances Endencia, DVM, owner of The Pampered Pet Veterinary Service. She was an Illinois licensed veterinarian, when an

Illinois licensed forensic psychiatrist medicalized a police report on a complaint she filed in 2006. Case went to trial at Illinois administrative court (IDFPR) and her license was suspended in August 2008 based on this report. She appealed the case, got several opinions from other licensed psychiatrists only to discover that the diagnostic procedures were the similar. It consisted of picture, word games and an interview of the incident. Puzzled, she studied the diagnostic procedures of psychiatry. She also discovered these diagnostic tests were not disclosed to the public for the past centuries. With her veterinary medical background, she was able to understand the inner workings of this profession.

6. The Defendant is American Psychiatric Association (APA)

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(703) 907 7300 (202) 559 3900

Representing APA

Dr Stafford Henry

105 W Madison Street

Suite 1106

Chicago IL 60602

Illinois Department of Financial & Professional Regulations

320 W Washington St

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7. The psychiatric diagnostic plan. (See Exhibit A)

A. What is the complaint? Who is complaining? Why? Where? When? What is the objective of the complainer? The psychiatrist listens to the complaint, reviews past psychiatric records and corroborates with existing evidence.

B. The psychiatric interview. Events leading to the complaint.

C. A medical report is created with a disorder / diagnosis in mind, utilizing APA's Multiaxial diagnostic protocol, developing the disorder & rewriting verbs into medical terms.

D. **Axis I**

Disorders Usually Diagnosed in Infancy, Childhood or Adolescence

Delirium, Dementia and Amnestic and Other Cognitive Disorders

Mental Disorders Due to a General Medical Condition

Substance-Related Disorders

Schizophrenia and Other Psychotic Disorders -

Mood Disorders

Anxiety Disorders

Somatoform Disorders a patient experiences physical symptoms that are inconsistent with or cannot be fully explained by any underlying general medical or neurological condition.

Factitious Disorders - a person acts as if he or she has a physical or mental illness when, in fact, he or she has consciously created the symptoms. These people are willing to undergo painful or risky tests to get sympathy and special attention.

Dissociative Disorders

Sexual and Gender Identity Disorders

Eating Disorders

Sleep Disorders

Impulse-Control Disorders Not Else Classified

Adjustment Disorders

Other Conditions That May Be a Focus of Clinical Attention

According to Mayo Clinic these are symptoms of ADHD.

https://www.mayoclinic.org/diseases-conditions/adhd/symptoms-causes/syc-20350889

Symptoms of inattention include:

- failing to pay attention to details
- making careless mistakes in schoolwork, work, or other activities
- having difficulty in maintaining attention during tasks or activities
- appearing as though not listening when someone is speaking to him or her
- inconsistently complying with instructions
- having difficulty with organization
- having difficulty with tasks or activities that require a heightened mental effort
- losing items
- becoming easily distracted by stimuli in the environment
- forgetfulness (DSM-IV, 2000)

Symptoms of hyperactivity include:

- fidgeting with hands or feet
- squirming while sitting
- leaving a seat when the expectation is to be seated
- excessively running about or climbing in situations where it is

deemed inappropriate

- difficulty in quietly engaging in leisurely activities
- described as "on the go"
- talking excessively.

Some examples of symptoms of impulsivity include:

- giving answers before questions have been completed
- having difficulty awaiting one's turn
- interrupting others.

Odd behaviors are recharacterized as "disorders".

Axis II Classification of above symptoms into personality disorders or mental retardation

Paranoid Personality Disorder

Schizoid Personality Disorder

Schizotypal Personality Disorder

Avoidant Personality Disorder

Dependent Personality Disorder

Obsessive-Compulsive Personality Disorder

Personality Disorder Not Otherwise Specified

Mental Retardation

Axis III provided information about any medical conditions

- In most cases there is none. The psychiatrist continues with the medicalization procedure utilizing APA's Diagnostic Statistical Manual of Mental Disorders V (or DSM V), developing the psychiatric label / disease.

Axis IV was used to describe psychosocial and environmental factors affecting the person. Factors which might have been included here were:

Problems with a primary support group

Problems related to the social environment

Educational problems

Occupational problems

Housing problems

Economic problems

Problems with access to health care services

Problems related to interaction with the legal system/crime

Other psychosocial and environmental problems

Axis V was a rating scale called the Global Assessment of Functioning; the GAF went from 0 to 100 and provided a way to summarize in a single number

just how well the person was functioning overall. A general outline of this scale would be as follows:

100: No symptoms

90: Minimal symptoms with good functioning

80: Transient symptoms that are expected reactions to psychosocial stressors

70: Mild symptoms or some difficulty in social occupational or school functioning

60: Moderate symptoms or moderate difficulty in social, occupation or school functioning

50: Serious symptoms or any serious impairment in social occupational or school functioning

40: Some impairment in reality testing or communication or major impairment in several areas such as work or school, family relations, judgment, thinking or mood

30: Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment or inability to function in almost all areas

20: Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene or gross impairment in communication

- The psychiatrist gives a subjective assessment based on the complaint and responses to interview and other psychological tests such as

Rorschach to classify the person as dangerous to self or others and write a lengthy report to justify his diagnosis

- Acceptance by "patient" or family is necessary to be able to enforce psychiatric drug program

Children who have been labeled with psychiatric disorder are not allowed to attend school unless drugged up.

Illinois state law, 225 ILCS 115 / 24.1, requires psychiatric drug treatment to be able to practice veterinary medicine

- A person in a psychiatric program are usually placed in a hospital environment. Psychiatrist reinforce the idea of psychiatric disease and create the routine of psychiatric drug taking.
- Slander. Psychiatrists inform the world. Unlike other medical specialties where patient privacy is important, psychiatrists inform the world to cause loss or difficulty in gaining employment. Family members attack patient due to perceived "illness".

FIRST CAUSE OF ACTION

VIOLATION OF FEDERAL TRADE COMMISSION ACT

8. The psychiatric diagnostic tests are not transparent to the public.

9. The psychiatric diagnosis is not based on medical science and facts are distorted during the medicalization process.

10. The psychiatric diagnosis is the gateway to lifetime psychiatric drug treatment of addictive controlled substance II drugs.

SECOND CAUSE OF ACTION

NEGLIGENT MISREPRESENTATION

11. Psychiatrists are negligent in informing the public that the treatment they prescribe cause harm by mental impairment. The drugs are associated with aggressive behavior and suicide. https://www.cchr.org/cchr-reports/harming-youth/introduction.html

Prayer For Relief

WHEREFORE, Dr Endencia, on behalf of herself and others similarly situated, prays for the following relief to each cause of action set forth in this Complaint as follows:

1. For an order certifying that the action can be maintained as a class action, certifying Plaintiff as a representative of the class, and providing her with counsel as counsel for the class.
2. For an award of equitable relief as follows:

3. (b) Requiring Defendant to make full restitution of all monies wrongfully obtained
4. as a result of the conduct described in this Complaint; and
5. (c) Requiring Defendant to disgorge all ill-gotten gains flowing from the conduct described in this Complaint.
6. For actual damages to be determined at trial;
7. For reasonable attorney's fees;
8. For an award of costs
9. For any other relief the Court might deem just, appropriate, or proper; and

10.7. For pre- and post-judgment interest on any amounts awarded.

Jury Demand

Plaintiff respectfully demands a jury by trial on all issues triable.

Respectfully Submitted,

Frances Endencia

Petitioner in Pro Sec

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Exhibit A

DSM-IV-TR Multiaxial Classification

When you make a complete diagnosis according to the **DSM-IV-TR**, you are asked to fill in information on 5 "axes." (This word is the plural of axis, not to be confused with the plural of axe.) Each "axis" is really an area of information in which information should be provided. The process of assessment is designed to collect the information that is needed on each axis. The five axes are listed in the table below.

DSM-IV-TR Multiaxial classification System			
	Axis I:	Clinical Syndromes. (page 5 – Handbook)	
	Axis II:	Personality Disorders (page 5 – Handbook) Mental Retardation (page 5 – Handbook)	
	Axis III:	General Medical Conditions which may be related to Axis I and Axis II conditions (page 5 – Handbook)	
	Axis IV:	Psychosocial and Environmental Problems (Current and Recent Stressors) (page 6 – Handbook)	
	Axis V:	Global Assessment of Functioning (GAF) Consider Psychological, social, and occupational functioning. Do not include impairment in function due to illness or injury. (page 6 ,7,– Handbook)	
			Current GAF
			Highest GAF in the past year

Axes I and II is/are where you put information about the psychological diagnoses the person might have. (A person may have more than one disorder, and may have disorders that are listed on both Axes I and II.) Almost ALL psychological diagnoses are listed on Axis I. **The only**

disorders that are listed on Axis II are mental retardation and *personality disorders*, if present. (A personality disorder is one of a specific group of disorders that are characterized by long-lasting (typically lifelong), maladaptive patterns of thought and behavior that cause distress for the person and for those around him or her.) Conceptually, the Axis II disorders are separated out because they are "lifelong" disorders. However, some of the Axis I disorders (e.g., schizophrenia, autism) may be equally persistent, so this distinction is somewhat artificial. Information related to Axis I and Axis II diagnoses may be obtained as part of the clinical interview or from results of specialized psychological tests.

Axis III is where you enter information about general medical conditions that may be related to the psychological disorders listed on Axes I and II. For example, if a person is depressed because she has terminal cancer, the depression would be listed on Axis I, and the cancer would be listed on Axis III. Remember that psychologists are not physicians, and they do not directly obtain medical information. Generally, a psychologist will obtain information relevant to Axis III from the patient at interview. In some settings where physicians and psychologists work together closely, physicians may provide relevant information directly to psychologists.

Axis IV is where you enter information related to current and recent stressors in the person's life. For example, if a patient has recently lost his job, the job loss would be entered on Axis IV. Other common stressors include (but are not limited to) work or academic pressure, marital difficulties, death of a parent, spouse, or child. Information relevant to Axis IV is usually obtained from the patient as part of the clinical interview.

Axis V is where you enter your impression of the patient's overall level of functioning. Overall level of functioning is measured by matching up your information about the patient's overall level of functioning with descriptions on the Global Assessment of Functioning (GAF) Scale. The information used to make this judgment is obtained from the interview with the patient, and sometimes from results of psychological testing. Remember that most people that decide to seek treatment for psychological problems will not be rated at the top of the GAF scale. However, sometimes it is useful to have a basis of comparison between the current GAF and the GAF at times when the patient was functioning better. Therefore, clinicians often try to figure out what the highest GAF within the past year would have been, based on information available from the interview with the patient. A reasonable goal of psychotherapy would be to restore the patient's functioning to at least the highest level of functioning achieved within the last year. The GAF Scale is summarized below.

Global Assessment of Functioning (GAF) Scale (DSM – IV-TR Axis V)

Note: This version of the GAF scale is intended for academic use only. Although it is based on the clinical scale presented in the DSM-IV-TR, this summary lacks the detail and specificity of the original document. The complete GAF scale in the DSM-IV-TR should be consulted for clinical use.

Code	Description of Functioning
91 - 100	Person has **no problems** OR has superior functioning in several areas OR is admired and sought after by others due to positive qualities
81 - 90	Person has **few or no symptoms**. Good functioning in several areas. No more than "everyday" problems or concerns.
71 - 80	Person has symptoms/problems, but they are **temporary, expectable reactions to stressors**. There is no more than slight impairment in any area of psychological functioning.

61 - 70	**Mild symptoms in one area** OR difficulty in one of the following: social, occupational, or school functioning. BUT, the person is generally functioning pretty well and has some meaningful interpersonal relationships.
51 - 60	**Moderate symptoms** OR moderate difficulty in one of the following: social, occupational, or school functioning.
41 - 50	**Serious symptoms** OR serious impairment in one of the following: social, occupational, or school functioning.
31 - 40	**Some impairment in reality testing** OR impairment in speech and communication OR serious impairment in several of the following: occupational or school functioning, interpersonal relationships, judgment, thinking, or mood.
21 - 30	Presence of **hallucinations or delusions** which influence behaviour OR serious impairment in ability to communicate with others OR serious impairment in judgment OR inability to function in almost all areas.
11 - 20	There is **some danger of harm to self or others** OR occasional failure to maintain personal hygiene OR the person is virtually unable to communicate with others due to being incoherent or mute.
1 - 10	**Persistent danger of harming self or others** OR persistent inability to maintain personal hygiene OR person has made a serious attempt at suicide.